

SAMPLE FAMILY CHILD CARE BUSINESS POLICY

NAME OF CHILD CARE PROGRAM: _____

HOURS & FEES:

CHILD CARE WILL BE PROVIDED FOR _____, BETWEEN THE HOURS OF _____ AND _____. THE RATE OF PAY WILL BE _____ PER _____. THE PARENT AGREES TO MAKE AN EFFORT TO CONTACT THE PROVIDER BY _____ ON DAYS WHEN THE CHILD IS NOT COMING FOR THE DAY. THE FEE INCLUDES _____ BUT NOT _____, WHICH WILL BE PROVIDED BY THE PARENT. PROVISIONS FOR PAYMENT FOR SICK DAYS OR VACATION DAYS WILL BE HANDLED AS _____ FOLLOWS:

DAMAGES:

BOTH THE PARENT AND THE PROVIDER WILL MAKE EFFORTS TO TEACH CHILDREN TO USE MATERIALS CAREFULLY AND TO AVOID DAMAGING PROPERTY THAT BELONGS TO OTHERS. HOWEVER, IN THE CASE OF SERIOUS DAMAGE (OVER \$ _____ IN VALUE), THE PARENT AGREES TO COVER THE COSTS OF REPLACEMENT AND REPAIR. ON THE OTHER HAND, THE FAMILY CHILD CARE PROVIDER AGREES TO TAKE RESPONSIBILITY FOR ITEMS PROVIDED BY THE PARENT FOR THEIR CHILD, SUCH AS STROLLER, CLOTHING, TOYS, ETC.) AND WILL REPLACE OR REPAIR ITEMS DAMAGED DUE TO NEGLIGENCE.

THE PARENT AGREES TO:

1. CALL BY _____ IF YOUR CHILD WILL NOT BE ATTENDING ON A DAY HE/SHE IS SCHEDULED TO ATTEND.
2. CALL BY _____ IF YOU ARE PLANNING TO BE LATE IN PICKING UP YOUR CHILD.
3. CALL IF SOMEONE ELSE IS TO PICK UP YOUR CHILD AND ALSO SEND PROPER IDENTIFICATION WITH THAT PERSON.
4. GIVE 2 WEEKS NOTICE IF YOU PLAN TO TAKE YOUR CHILD OUT OF CARE AT THIS PROGRAM.
5. HAVE YOUR CHILD DRESSED AND READY TO PLAY UPON ARRIVAL. PROVIDE EXTRA CLOTHING AND DIAPERS.
6. PROVIDE ALTERNATE CARE IN CASE OF EMERGENCY FOR INSTANCES WHERE PROVIDER IS UNABLE TO CARE FOR CHILD WITHOUT ADVANCE NOTICE.
7. PROVIDE ALTERNATE CARE IN CASE OF YOUR CHILD BECOMES ILL.
8. MAKE ARRANGEMENTS FOR DROPPING OFF AND PICKING UP YOUR CHILD WHEN YOU ARE GOING TO BE EARLY OR LATE
9. COMPLETE A WRITTEN PERMISSION SLIP PRIOR TO YOUR CHILD PARTICIPATING IN ANY FIELD TRIP AND/OR WATER ACTIVITY
10. PROVIDE AT LEAST 1 COMPLETE CHANGE OF CLOTHING, APPROPRIATE FOR THE SEASON, TO BE LEFT WITH THE PROVIDER FOR USE BY YOUR CHILD WHEN NEEDED.
11. OTHER _____

OPERATING POLICIES:

1. POLICY FOR DIAPERS/WIPES/FORMULA ETC.
2. BOTH PARENT AND PROVIDER WILL GIVE EACH OTHER AMPLE WARNING PRIOR TO VACATIONS, TAKING YOUR CHILD OUT OF CARE AT THIS PROGRAM, OR MAKING OTHER MAJOR CHANGES.
3. MEALS AND SNACKS WILL BE PROVIDED BY: _____
4. UPPER AND LOWER AGES OF CHILDREN ACCEPTED FOR CARE: _____
5. DAILY ACTIVITY SCHEDULE: _____
6. YOUR CHILD CANNOT ATTEND WHEN HE/SHE IS SICK. IF YOUR CHILD GETS SICK DURING THE DAY, YOU WILL BE CALLED AND WILL NEED TO COME AND PICK HIM/HER UP. YOUR CHILD WILL BE MOVED AWAY FROM THE OTHER CHILDREN IN A SUPERVISED, COMFORTABLE AREA UNTIL YOU ARRIVE. IF YOUR CHILD HAS BEEN SICK DURING THE NIGHT OR WEEKEND, YOU SHOULD LET ME KNOW, SO I CAN WATCH HIM/HER FOR SIGNS OF A RELAPSE. ALSO, I MAY NEED TO LET OTHER PARENTS KNOW, SO THAT THEY CAN BE ALERT TO SIGNS OF ILLNESS IN THEIR CHILD.
7. IF YOUR CHILD NEEDS MEDICATION DURING THE HOURS HE/SHE IS IN CARE, YOU MUST PROVIDE ME WITH WRITTEN AUTHORIZATION, FORMS ARE AVAILABLE FOR THIS PURPOSE. MEDICATION MUST BE IN ITS ORIGINAL CONTAINER WITH THE LABEL ATTACHED.

PARENT'S SIGNATURE

DATE SIGNED

PROVIDER'S SIGNATURE

DATE SIGNED